

Provider Type 58 Physically Disabled Waiver (WIN) Reimbursement Rates

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Procedure Code	Description	Modifier	Rate
S5120	CHORE SERVICES PER 15 MIN		3.63
S5125	ATTENDANT CARE SERVICE /15M (Agency Provider)		4.63
S5125	ATTENDANT CARE SERVICE /15M (Independent Contractor*)		3.88
S5130	HOMEMAKER SERVICE NOS PER 15M		3.63
S5150	UNSKILLED RESPITE CARE /15M		3.63
S5160	EMER RESPONSE SYS INSTAL&TST		45.00
S5161	EMER RSPNS SYS SERV PERMONTH		40.00
S5165	HOME MODIFICATIONS PER SERV		3,230.00
S5170	HOMEDELIVERED PREPARED MEAL		5.00
S5199	PERSONAL CARE ITEM NOS EACH		565.00
T1016	CASE MANAGEMENT - Public Entity		25.75
T1016	CASE MANAGEMENT - Private Entity		15.84
T2031	ASSIST LIVING WAIVER/DIEM		105.00

* Independent Contractor rate of \$3.88 is included in the prior authorization.